U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires:11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.						
For Official Use Only 1. FILE NUMBER 2. PERIOD CO						
(\$ asc	1 0 1 2 0 0 1 (b) TERMINAL – If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:					
M-3tm	2 3 1 2 0 0 1 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:					
E CANSON.						
	MAILING ADDRESS					
I	st Name					
[ENRY					
La	st Name					
[1	AMARIN					
P.	O. Box · Building and Room Number (if any)					
4. AFFILIATION OR ORGANIZATION NAME						
DOTEL EMPL. RESTAURANT EMPL AFL-CIO	5 W. VAN BUREN STREET					
5. DESIGNATION (Local, Lodge, etc.) [6. DESIGNATION NUMBER] L	3 W. VAN BOKEN STREET					
LJEB						
· -·	HICAGO					
	ate ZiP Code + 4					
9. Are your organization's records kept at its mailing address? Yes No II	L 60605 -					
56. ADDITIONAL INFORMATION						
Item Number						
in any accompanying documents) has been examined by the signatory and is, to the best of the u	the applicable penalties of law, that all of the information submitted in this report (including the information contained not only the information containe					
57. SIGNED: Leven Tourn PRESIDENT	58. SIGNED: TREASURER					
(If other title	· · · · · · · · · · · · · · · · · · ·					
3/36/2005 3/2 663-43/3 see instruct Telephone Number	ons.) 3-2(-02/ 708-771-8700 see instructions.) Date Telephone Number					
· · · · · · · · · · · · · · · · · · ·						

10.	Have a "subsidiary organization" as defined in Section X of the instructions? Create or participate in the adminstration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	Yes	No X		How many members did organization have at the reporting period? What is the maximum a recoverable under your fidelity bond for a loss of any officer or employee organization?	e end of the mount organization's caused by	5 0 0 0 0 0
12.	Have a political action committee (PAC) fund?		X	21.	During the reporting per organization have any o	changes in its	
13.	Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X		constitution and bylaws rates of dues and fees) procedures listed in the (If the constitution and it	or in practices/ instructions?	Yes No
14.	Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?		X	22	practices/ procedures h see the instructions.)	nave changed,	MO YEAR
15.	Discover any loss or shortage of funds or other property?		X		What is the date of you next regular election of	officers?	0 1 2 0 0 3
	(Answer "Yes" even if there has been repayment or recovery.)			23.	What are your organizadues and fees? (Enter a minimum and		
16.	Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or				than one rate applies fo		
	more as an officer or employee of another labor organization or of an employee benefit plan?		X			Rates of Due	· · · · · · · · · · · · · · · · · · ·
17.	Pay any employee salary, allowances, and other expenses which, together with any payments		[]		(a) Regular Dues/Fees	Sper _	(Month, Year, etc.)
	from affiliates, totaled more than \$10,000?		X		(b) Initiation Fees	\$	
18.	Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	П	\boxtimes		(c) Transfer Fees	\$	
(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)					(d) Work Permits	\$ per_	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 0 6 - 9 3 1

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letter	Gross Salary (before taxes and	Allowances and Other		
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
	TAMARIN	HENRY	0	0	0
1.	PRESIDENT	С			
2.	DUPONT	JAMES	0	0	0
2.	VICE-PRESIDENT	N			
3.	PANATSIS	LEO	0	0	0
J.	SECRETARY TREASURER	С			
4.					
5.					
6.					
7.		•			
8.	Totals from additional pages (if any)				
9.	Totals of Lines 1 through 8		0	0	0
				10. Less Deductions	0
	The Total from Line 11 in	·····	1tem 45	11. Net Disbursements	0
* Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56.)					

FILE NUMBER: 0 0 6 - 9 3 1

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES	25. Cash	2 0 2 5	1 5 4 7	32. Accounts Payable	0	0
ATEMENT A AND LIABILITIES	26. Loans Receivable	0	0	33. Loans Payable	·	0
MEN	27. U.S. Treasury Securities	0	0 !	34. Mortgages Payable	0	0
STATEMENT A TS AND LIABIL	28. Investments	0	0	35. Other Liabilities	5 4 5	0
SSETS	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	5 4 5	0
AS	30. Other Assets	0	0			
	31. TOTAL ASSETS	2 0 2 5	1 5 4 7	37. NET ASSETS (Item 31 less Item 36)	1 4 8 0	1 5 4 7
	CASH RECEI	PTS	AMOUNT	CASH DISBURS	EMENTS	AMOUNT
	38. Dues		0	45. To Officers(from Item 24	4)	0
<u>\</u>	39. Per Capita Tax		2 2 9 7 5	46. To Employees(less ded	uctions)	1 1 6 3 8
EMENTS	40. Fees, Fines, Assessmen	ts & Work Permits	0	47. Per Capita Tax		5 0
	41. Interest & Dividends		0	48. Office & Administrative I	Expense	7 4 5
STATEMENT B	42. Sale of Investments & Fi	xed Assets	0	49. Professional Fees		5 0 0
TATE IND [43. Other Receipts		2 0	50. Benefits	•••••	4 5 4 6
1 T 0	44. TOTAL RECEIPTS		2 2 9 9 5	51. Contributions, Gifts & G	rants	0
RECEIPT				52. Purchase of Investment	s & Fixed Assets	0
E	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.			53. Loans Made		0
				54. Other Disbursements		5 9 9 4
				55. TOTAL DISBURSEMEN	ITS	2 3 4 7 3

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CHICAGO JOINT EXECUTIVE BOARD OF THE HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION AFL-CIO

55 W. VAN BUREN STREET

SUITE 400

• CHICAGO, ILLINOIS 60605

TEL.: (312) 922-6831 .

March 26, 2002

U.S. Dept. of Labor Office of Labor Management Standards 200 Constitution Ave. N.W. Room N-5616 Washington, D.C. 20210

To Whom It May Concern:

Enclosed you will find completed and signed Form LM-3 Labor Organization Annual Report for the period ending December 31, 2001.

Cordially yours

Enclosures: